

Safe, Abundant Drinking Water.

April 5, 2013

OFFICIAL NOTICE NO. 47-2013 ADDENDUM NO. 1

NOTICE TO CONTRACTORS intending to bid on the above-noted Official Notice. The bidder shall acknowledge receipt of this addendum on the acknowledgement page in the bid document.

SPECIFICATIONS AND REQUEST FOR BIDS DOCUMENTS MOWING AND TRIMMING SERVICES FOR THE MILWAUKEE WATER WORKS (MARCH 2013)

This addendum is being composed to amend certain provisions in the bid document. Please note the changes to the effected provisions below:

(Page 4) DEPARTMENT OF PUBLIC WORKS FORMS **DELETE THE FOLLOWING:**

DOA-Living Wage Compliance Report
DOA-Affidavit of Compliance with Living Wage provision

(Page 4) DEPARTMENT OF PUBLIC WORKS FORMS

REPLACE WITH THE FOLLOWING:

Living Wage Table-Living Wage- <u>Living Wage as of March 1, 2013 is \$9.39</u> DPW-6 City of Milwaukee Contractors Time Report-2 Copies DPW Form I Employee Affidavit Residents Preference Program

EACH PROPOSER SHALL ACKNOWLEDGE RECEIPT OF THIS ADDENDUM
ON THE ATTACHED ACKNOWLEDGEMENT FORM AND INCLUDE
THIS FORM IN THE BID

CARRIE M. LEWIS

Carrie M. Lewis, Superintendent Milwaukee Water Works

Mowing and Trimming Services for the Milwaukee Water Works

ACKNOWLEDGMENT OF ADDENDUM NO. 1 Official Notice No. 47-2013

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF ADDENDUM NO. 1 ISSUED APRIL 5, 2013 TO THE CITY OF MILWAUKEE'S REQUEST FOR BIDS FOR MOWING AND TRIMMING SERVICES FOR THE MILWAUKEE WATER WORKS. THE RESPONSE SUBMITTED HEREWITH IS IN ACCORDANCE WITH THE INFORMATION, INSTRUCTIONS AND STIPULATIONS SET FORTH THEREIN.

| Signature of Proposer | |
|-----------------------|-------------------|
| | |
| Title of Proposer | <u>-</u> |
| | |
| | Title of Proposer |

NOTE: EACH PROPOSER IS REQUIRED TO RETURN THIS SHEET WITH THEIR BID

Living Wage Table

City of Milwaukee Ordinance 310-13 became effective January 1, 1996. Below are the more recent base wages rates and their effective dates for contracts which require a living wage be paid.

| Effective Date | Base Wage Required (\$ per hour) |
|----------------|----------------------------------|
| March 1, 2000 | \$6.80 |
| March 1, 2001 | \$7.03 |
| March 1, 2002 | \$7.22 |
| March 1, 2003 | \$7.34 |
| March 1, 2004 | \$7.53 |
| March 1, 2005 | \$7.74 |
| March 1, 2006 | \$7.98 |
| March 1, 2007 | \$8.25 |
| March 1, 2008 | \$8.46 |
| March 1, 2009 | \$8.80 |
| March 1, 2010 | \$8.80 |
| March 1, 2011 | \$8.91 |
| March 1, 2012 | \$9.18 |
| March 1, 2013 | \$9.39 |
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| Contractor Name | |
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| | |
| DPW Contract No. | |

Employee Affidavit

| Residents Prefe | erence Program | |
|--|--|----------------------------------|
| I certify that I maintain my permanent residence income tax, obtain my driver's license, etc. at | in the City of Milwaukee and that Milw | t I vote, pay personal aukee, WI |
| | (Address) | (Zip Code) |
| Residency status: To verify my resident status, attached please fin Copy of my voter's certification Copy of my last year's Form 104 Copy of my current Wisconsin I Copy of Other (i.e., Utility bill, I | form. 40. Driver's License or State ID. Lease, etc.) | |
| $\underline{\mathbf{A}}\mathbf{N}$ | $\overline{	ext{ND}}$ | |
| Unemployment status: I certify that I have been unemployed as follows I have worked less than 1,200 ho I have not worked in the precedi O Underemployed status: I certify that based on the attached chart (Income | ours in the preceding 12 months. ng 30 days. | eremployed. |
| - | Print Name | |
| | | |
| • | Sign Name | |
| | Social Security Number | |
| | Home Telephone Number | |
| Subscribed and sworn to me thisday | | |
| Of,A.D. | | |
| My Commission Expires | _• | |
| Notary Public Milwaukee County | _ | |

| Contractor Name | |
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Employee Affidavit

Residents Preference Program

| IIICOILIE IAX. ODIAIII IIIV ULIVEL S IICELISE, CIC. AL | nce in the City of Milwaukee and t Mi,Mi | |
|---|--|------------|
| | (Address) | (Zip Code) |
| Residency status: To verify my resident status, attached please Copy of my voter's certificati Copy of my last year's Form Copy of my current Wisconsi Copy of Other (i.e., Utility bil | on form. 1040. n Driver's License or State ID. | |
| <u> 4</u> | AND | |
| I certify that I have been unemployed as folloon I have worked less than 1,200 I have not worked in the preceded at the | hours in the preceding 12 months eding 30 days. OR | |
| | | |
| | Print Name | |
| · · · · · · · · · · · · · · · · · · · | Print Name Sign Name | |
| · · · · · · · · · · · · · · · · · · · | | |
| - - | Sign Name | |
| Subscribed and sworn to me thisday | Sign Name Social Security Number | |
| Subscribed and sworn to me thisday Of,A.D. | Sign Name Social Security Number | |
| | Sign Name Social Security Number Home Telephone Number | |

Form DPW-6(02/07)

CITY OF MILWAUKEE CONTRACTORS TIME REPORT Contract No. C

| Contractor | | | Complete and return to Rm. 506, Dept. of Public Works | | | | | | | | | | | | |
|---|------------------|-----------|---|-------------------------|---------------------------|-----------|-----------|--|------------------------|----------------------------|------------------------------|--|---------------------------|-----------------------------|-----------------|
| Sub-Contractor | | | | Period S | | | | within 10 days following the completion of work on a | | | | | | | |
| Work Location | | | | Period I | | | | | | | | | hichever occ | | |
| NAME/ | Job Class. | Appren | - | RESIDEN | | GENDER | RACE | REGULAR H | | OVERTIME | | | ONTRIBUTIONS | | |
| ADDRESS | | | Target Milw. | Non- Target Milw. | Non- Resident Milw. | | | Total Hours Worked | Hourly Rate* | Total Hours Worked | Hourly Rate* | Welfare Fund | Vacation Fund | Pension Fund | Other |
| | | | | | | | | | | | | | | | |
| | | | | | | V 1 111 | | | | | | | 10.00 | | |
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| *Exclude Welfare, Vacation, P State of Wisconsin) ss. County of Milwaukee) This is to certify that each and exthe amounts indicated, and that vamendments thereto. | verv emplove | ee was em | ploved t | ov me du | ring the ab | ove perio | od on the | e contract c | overed by waukee Co | this report ode of Ordi | as listed ab nances, rela | ove and has | been paid ii imum Wage | n full withor Scale, and | ut rebat any |
| Subscribed and sworn to before | me this | day o | of | 7 | | A. | D. | Company (| Officer's S | ignature | | | | | |
| My commission Expires | | | Notary | Public N | filwaukee | County | | Tv | zne or Prin | nt Officer's | Name & Ti | itle | | | |
| | | | | | | _ 3 , | | ** | | | | (Control of Control of | | | |

Form DPW-6(02/07)

CITY OF MILWAUKEE CONTRACTORS TIME REPORT Contract No. C______ Complete and return to Rm. 506, Dept. of Public Works

| ub-Contractor /ork Location | | | | Period S | | | | | within 10 days following the completion of work on a contract, or every three months, whichever occurs first. | | | | | | | |
|---|---------------------------------|----------------------|-----------------------|----------------------|-------------------|-----------------------|-----------------------|----------------------------|---|----------------------------|--|---------------------------|---------------------------------|---------------------------|---------|--|
| NAME/ | Period Ending | | | | | | | REGULAR H | | OVERTIME | | | HOURLY CONTRIBUTIONS TO BE MADE | | | |
| | JUD Class. | Аррген | Target | Non- | Non- | denbek | IOICE | Total | Hourly | Total | Hourly | Welfare | Vacation | Pension | Other | |
| ADDRESS | | | Milw. | Target Milw. | Resident Milw. | | | Hours Worked | Rate* | Hours Worked | Rate* | Fund | Fund | Fund | 1221 | |
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| Exclude Welfare, Vacation, tate of Wisconsin) ss. ounty of Milwaukee) | Pension Fund | and Otl | ier Con | tribution | s unless th | iey are p | aid as y | vages. | | | | | | | | |
| his is to certify that each and e amounts indicated, and tha mendments thereto. | every employe t we have conf | e was en ormed wi | ployed I th the re | by me du quiremen | ring the ab | ove perio on 309-2 | od on the 1 thru 3 | e contract c 09-37, Mil | overed by waukee Co | this report ode of Ordi | as listed abo nances, relat | ove and has ing to Min | been paid ir imum Wage | full withor Scale, and | ut reba | |
| ubscribed and sworn to befor | e me this | day o | of | | | A. | D. | Company (| Officer's S | ignature | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | - | |
| ly commission Expires | | | | | | | | | | | | | | | | |